

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **9/976238**

FILING DATE

APPLICANT(S)

Pg. 2

3/14/05 CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2					
3					
4					
5					
6					
7					
8	1				
9					
10					
11					
12					
13					
14					
15					
16					
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38					
39					
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41					
42					
43					
44					
45					
46					
47					
48					
49	1				
50	1				
TOTAL IND.	4				
TOTAL DEP.	15				
TOTAL CLAIMS	19				

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **9/976 238**
APPLICANT(S)

FILING DATE

9/1/02 7/11/03 2/9/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3	/		Z		Z	
4		/				
5		/				
6		/				
7		/	Z		Z	
8	/					
9		/		/		/
10		/		/		/
11		/		/		/
12		/		/		/
13	/		Z		Z	
14		/				
15		/				
16		/				
17		/				
18		/				
19	/					
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22		/				
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36		/				
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39	/					
40	/					
41				/		/
42				/		/
43				/		/
44				/		/
45				/		/
46				/		/
47				/		/
48				/		/
49					/	
50					/	
TOTAL IND.	16		2			
TOTAL DEP.	30		13			
TOTAL CLAIMS	40		15			

	* 2/9/04 *		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53						
54						
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57						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.	15					
TOTAL CLAIMS	19					